

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K26083** (1)

1. Corporation Name

THE CHECK CASHING STORE #17, INC.



Principal Place of Business

Mailing Address

**9802 S. DIXIE HWY.
MIAMI FL 33156
US**

**5200 N.W. 33RD AVENUE
203
FT. LAUDERDALE FL 33309
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

**HAUSER, PAUL
5200 N.W. 33RD AVENUE
SUITE 203
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified
06/13/1988

3a. Date of Last Report
04/19/1995

4. FEI Number

36-3565959

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **HERSHMAN, BARRY E.**
STREET ADDRESS **1400 E TOUHY AVE STE 100**
CITY- ST- ZIP **DES PLAINES IL**

TITLE **VD** ☐ DELETE
NAME **HAUSER, PAUL**
STREET ADDRESS **5200 N.W. 33RD AVENUE, SUITE 203**
CITY- ST- ZIP **FT. LAUDERDALE FL**

TITLE **STD** ☐ DELETE
NAME **EAGER, ALLEN**
STREET ADDRESS **1400 E TOUHY AVE STE 100**
CITY- ST- ZIP **DES PLAINES IL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY E. HERSHMAN, PRES.

DATE

4/15/96

Daytime Phone #

847-299-3100

CR2E034 (12/95)